

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. (MRS.) KRISHNA CHAUDHURY SINHA
2. Designation: PROFESSOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 11192 1973 BMC
(UG&PG: Number, Year & Registration Council) PG:- 11192 1982 BMC
7. Date of joining in this institution: 10-11-1989
8. Whether UG or PG Teacher: BOTH
9. Teaching Experience: 36 YEARS - 7 MONTHS
(Years & completed months)
10. Number of promotion/s: THREE
&
Post/s to which promoted till date PROFESSOR
11. Trainings undergone:

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters):	DR ANIL KUMAR SINGH
2. Designation:	Associate Professor
3. Department:	Physiology
4. Institution:	Nalanda Medical College & Hospital, Patna
5. Educational qualification:	MBBS, MD (Physiology)
6. Medical Council Registration: (UG & PG: Number, Year & Registration Council):	15700 BMC (UG 01.02.1980) (PG July 1984), Bihar.
7. Date of joining in this institution:	12.05.2009
8. Whether UG or PG Teacher:	UG & PG Teacher.
9. Teaching Experience: (Years & completed months)	20 yrs.
10. Number of promotion/s:	2
&	
Post/s to which promoted till date:	Associate Professor
11. Trainings undergone:	Sensitization Programme & Revised Basic Course Workshop at MCI Regional Centre for Medical Education Technologies, Sri Aurobindo Medical College & PG Institute, Indore from 28.10.15 to 31.10.15.

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.



SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME:

NAME:

(in full) Dr Anil Kumar Singh

(in full) Dr Mrs. Krishna Chaudhuri Sinha

Date: / / 3.12.2016

Date: / / 06-12-2016

Place: NMC&H, Patna

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): **DR.DINESH KUMAR**
2. Designation: **ASSOCIATE PROFESSOR**
3. Department: **DEPARTMENT OF PHYSIOLOGY**
4. Institution: **NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.**
5. Educational qualification: **MBBS, DTCD, MD (PHYSIOLOGY)**
6. Medical Council Registration: **UG:- 24122 1988 BMC**
(UG&PG: Number, Year & Registration Council) **PG:- 24122 2006 BMC**
7. Date of joining in this institution: **03-07-2008**
8. Whether UG or PG Teacher: **BOTH**
9. Teaching Experience: **14 YEARS - 2 MONTHS**
(Years & completed months)
10. Number of promotion/s: **TWO**
&
Post/s to which promoted till date **ASSOCIATE PROFESSOR**
11. Trainings undergone: **BASIC COURSE WORKSHOP (3 days) AT INDORE, MP**

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.



SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: **DR. DINESH KUMAR**

(in full)

Date: / / **28-11-2016**

Place: **NMC&H, Patna**



COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: **DR.(MRS.) KRISHNA CHAUDHURY SINHA**

(in full)

Date: / / **06-12-2016**

Place: **NMC&H, Patna**

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. RITA KUMARI
2. Designation: ASSISTANT PROFESSOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL,
PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG. 25884 1991 BMC
(UG &PG: Number, Year & Registration Council) PG:- 25884 2006 BMC
7. Date of joining in this institution: 03-07-2014
8. Whether UG or PG Teacher: BOTH
9. Teaching Experience: 11 YEARS - 8 MONTHS
(Years & completed months)
10. Number of promotion/s: ONE
&
Post/s to which promoted till date ASSISTANT PROFESSOR
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.


SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. RITA KUMARI

(in full) DR. RITA KUMARI

Date: / / 3/12/2016

Place: NMC&H, Patna


COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (In capital letters): **DR. SUJIT KUMAR SINHA**

2. Designation : ASSISTANT PROFESSOR

3. Department : DEPARTMENT OF PHYSIOLOGY

4. Institution : NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.

5. Educational qualification: MBBS, MD (PHYSIOLOGY)

6. Medical Council Registration: UG:- 18472 1982 BMC
(UG&PG: Number, Year & Registration Council) PG:- 18472 2005 BMC

7. Date of joining in this institution: 18-05-2011

8. Whether UG or PG Teacher: BOTH

9. Teaching Experience: 11 YEARS - 8 MONTHS
(Years & completed months)

10. Number of promotion/s: ONE
&
Post/s to which promoted till date ASSISTANT PROFESSOR

11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

Sujit Kumar Sinha

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. SUJIT KUMAR SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

Krishna Chaudhury Sinha

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. ARUN KUMAR LAL DAS
2. Designation: ASSISTANT PROFESSOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 22010 1985 BMC
(UG&PG: Number, Year & Registration Council) PG:- 22010 2008 BMC
7. Date of joining in this institution: 10-03-2008
8. Whether UG or PG Teacher: BOTH
9. Teaching Experience: 8 YEARS - 8 MONTHS
(Years & completed months)
10. Number of promotion/s: ONE
&
Post/s to which promoted till date ASSISTANT PROFESSOR
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

Arun K. Lal Das.

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. ARUN KUMAR LAL DAS

(In full)

Date: / / 06-12-2016

Place: NMC&H, Patna

Krishna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR.(MRS.) KRISHNA CHAUDHURY SINHA

(In full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE.
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR.MANO HAR LAL GUPTA
2. Designation: ASSISTANT PROFESSOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 18691 1982 BMC
(UG&PG: Number, Year & Registration Council) PG:- 18691 2008 BMC
7. Date of joining in this institution: 03-03-2008
8. Whether UG or PG Teacher: BOTH
9. Teaching Experience: 8 YEARS - 8 MONTHS
(Years & completed months)
10. Number of promotion/s: ONE
&
Post/s to which promoted till date ASSISTANT PROFESSOR
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinement supporting papers/documents in ORIGINAL, as and when required or asked for.

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. MANOHAR LAL GUPTA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR.(MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA --A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. NIRANJAN BHARTI
2. Designation: TUTOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALAND MEDICAL COLLEGE & HOSPITAL, PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 37135 2007 BIHAR MEDICAL COUNCIL
(UG&PG: Number, Year & Registration Council) PG:- APPLIED
7. Date of joining in this institution: 19-05-2015
8. Whether UG or PG Teacher: UG TEACHER
9. Teaching Experience: 1 YEAR - 7 MONTHS
(Years & completed months)
10. Number of promotion/s: NIL
&
Post/s to which promoted till date NIL
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

Niranjan Bharti

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. NIRANJAN BHARTI

(in full) Dr. NIRANJAN BHARTI

Date: 28/11/2016

Place: NMC&H, Patna

Krishna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA --A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. SUJIT KUMAR
2. Designation: TUTOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 38311 2009 BIHAR MEDICAL COUNCIL
(UG&PG: Number, Year & Registration Council) PG:- APPLIED
7. Date of joining in this institution: 02-09-2015
8. Whether UG or PG Teacher: UG TEACHER
9. Teaching Experience: 1 YEAR - 2 MONTHS
(Years & completed months)
10. Number of promotion/s: NIL
&
Post/s to which promoted till date: NIL
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

Sujit Kumar

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. SUJIT KUMAR

(In full)

Date: / / 28-11-2016

Place: NMC&H, Patna

Krishna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(In full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. AMRITA NARAYAN
2. Designation: TUTOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 37107 2007 BIHAR MEDICAL COUNCIL
(UG&PG: Number, Year & Registration Council) PG:- APPLIED
7. Date of joining in this institution: 02-09-2015
8. Whether UG or PG Teacher: UG TEACHER
9. Teaching Experience: 1 YEAR - 2 MONTHS
(Years & completed months)
10. Number of promotion/s: NIL
&
Post/s to which promoted till date NIL
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

Amrita Narayan

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. AMRITA NARAYAN

(in full)

Date: / / 28/11/2016

Place: NMC&H, Patna

Krishna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR.(MRS.) KRISHNA CHAUDHURY SINHA

(in full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

PROFORMA -A

Faculty/Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty /Doctor (in capital letters): DR. MANISH RANJAN
2. Designation: TUTOR
3. Department: DEPARTMENT OF PHYSIOLOGY
4. Institution: NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA.
5. Educational qualification: MBBS, MD (PHYSIOLOGY)
6. Medical Council Registration: UG:- 2892 2009 JHARKHAND MEDICAL COUNCIL
(UG&PG: Number, Year & Registration Council) PG:- APPLIED
7. Date of joining in this institution: 04-09-2015
8. Whether UG or PG Teacher: UG TEACHER
9. Teaching Experience: 1 YEAR - 2 MONTHS
(Years & completed months)
10. Number of promotion/s: NIL
&
Post/s to which promoted till date NIL
11. Trainings undergone: NIL

SELF DECLARATION BY THE FACULTY/DOCTOR:

All the informations/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/documents in ORIGINAL, as and when required or asked for.

Manish Ranjan

SIGNATURE OF THE FACULTY/DOCTOR/OFFICER

NAME: DR. MANISH RANJAN

(In full)

Date: / / 28/11/2016

Place: NMC&H, Patna

Krishna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. (MRS.) KRISHNA CHAUDHURY SINHA

(In full)

Date: / / 06-12-2016

Place: NMC&H, Patna

H. O. D. Physiology
NALANDA MEDICAL COLLEGE,
PATNA

**PROFORMA - B1
(TEACHING SCHEDULE)
(POST GRADUATE)**

(To be submitted in clear and legible computer printed form only)

DEPARTMENT / DISCIPLINE : PHYSIOLOGY DEPARTMENT
 INSTITUTION : NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA
 MONTH & YEAR : **NOVEMBER 2016**

DATE	Class teaching Manouver /Teaching Intervention	Skill development Intervention	Topic /Subject	Time	Name of class/a chaired or Development
	(Lecture Class/Tutorial Class/ Remedial Class/Demonstration/ Practical/Case Presentation/ Teaching in Wards & Clinical Set ups / Field Teaching & Training/ Communication Teaching & Training / Others	(Seminar / Group Discussion /Journal Club / Symposium / Workshops /Others		(From To)	
1/11/2016	STATE HOLIDAY				
2/11/2016	STUDENTS THESIS WORK				
3/11/2016		Thesis work discussion		10 AM 12 Noon	
4/11/2016	Practical Class			10 AM.....12 Noon	
5/11/2016		Journal Club		10 AM..... 12 Noon	D
6/11/2016	SUNDAY				
7/11/2016	STATE HOLIDAY				
8/11/2016	Lecture Class		CNS	10 AM..... 12 Noon	D
9/11/2016	STUDENTS THESIS WORK				
10/11/2016		Thesis work discussion		10 AM..... 12 Noon	
11/11/2016	Practical Class			10 AM..... 12 Noon	
12/11/2016		Journal Club		10 AM..... 12 Noon	D
13/11/2016	SUNDAY				
14/11/2016		Seminar		10 AM.....12 Noon	
15/11/2016	Lecture Class		CNS	10 AM 12 Noon	Dr.
16/11/2016	STUDENTS THESIS WORK				
17/11/2016		Thesis work discussion		10 AM.....12 Noon	
18/11/2016	Practical Class			10 AM..... 12 Noon	
19/11/2016		Journal Club		10 AM 12 Noon	D
20/11/2016	SUNDAY				
21/11/2016	STATE HOLIDAY				
22/11/2016	Lecture Class		CNS	10 AM.....12 Noon	Dr.
23/11/2016	STUDENTS THESIS WORK				
24/11/2016		Thesis work discussion		10 AM 12 Noon	
25/11/2016	Practical Class			10 AM.....12 Noon	
26/11/2016		Journal Club		10 AM..... 12 Noon	D
27/11/2016	SUNDAY				
28/11/2016		Seminar		10 AM..... 12 Noon	
29/11/2016	Lecture Class		CNS	10 AM.....12 Noon	Dr./M
30/11/2016	STUDENTS THESIS WORK				

PROFORMA-B2
(TEACHING SCHEDULE)
UNDER GRADUATE

(To be submitted in clear and legible computer printed form only)

DEPARTMENT / DISCIPLINE : PHYSIOLOGY. DEPARTMENT
INSTITUTION : NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA
MONTH & YE/ : NOVEMBER 2016

DATE	Class teaching Manouver / Teaching Intervention	Topic / Subject	Time	Name & Designation
	(Lecture Class/Tutorial Class/ Remedial Class/ Class teaching Manouver /Teaching Intervention Clinical Set ups / Field Training & Teaching Communication Teaching & Training / Others		(From.....To)	
1/11/2016	STATE HOLIDAY			
2/11/2016	NOT HELD DUE TO MASS ABSENTEEISM IN DIPAWAALI & CHHAT PUJA			
3/11/2016	NOT HELD DUE TO MASS ABSENTEEISM IN DIPAWAALI & CHHAT PUJA			
4/11/2016	NOT HELD DUE TO MASS ABSENTEEISM IN DIPAWAALI & CHHAT PUJA			
5/11/2016	NOT HELD DUE TO MASS ABSENTEEISM IN DIPAWAALI & CHHAT PUJA			
6/11/2016	SUNDAY			
7/11/2016	STATE HOLIDAY			
8/11/2016	NOT HELD DUE TO MASS ABSENTEEISM IN DIPAWAALI & CHHAT PUJA			
9/11/2016	NOT HELD DUE TO MASS ABSENTEEISM IN DIPAWAALI & CHHAT PUJA			
10/11/2016	Lecture Class	CVS	1 PM 2 PM	Dr. M. L. Gupta
	Practical Class	Hb. Estimation	2 PM 4 PM	All Teachers
11/11/2016	Lecture Class	Endocrine System	3 PM.....4 PM	Dr. Sujit Kumar
12/11/2016	Lecture Class	Cell Physiology	1 PM 2 PM	Dr. Dinesh Kumar
	Lecture Class	Endocrine System	2 PM.....3 PM	Dr. Manish Ranjan
13/11/2016	SUNDAY			
14/11/2016	Lecture Class	Special senses	1 PM 2 PM	Dr. Anil Kumar
	Lecture Class	Cell Physiology	2 PM.....3 PM	Dr. Dinesh Kumar
	Demonstration		3 PM.....4 PM	All Teachers
15/11/2016	Lecture Class	Blood	1 PM 2 PM	Dr. Rita Kumari
	Practical Class	Hb. Estimation	2 PM 4 PM	All Teachers
16/11/2016	Lecture Class	GIT	11 AM 12 PM	Dr. A. K. L. Das,
	Lecture Class	Respiratory System	2 PM.....3 PM	Dr. Sujit Kumar
17/11/2016	Lecture Class	CVS	1 PM 2 PM	Dr. M. L. Gupta
	Practical Class	Differential count WBC	2 PM 4 PM	All Teachers
18/11/2016	Lecture Class	Endocrine System	3 PM.....4 PM	Dr. Sujit Kumar
	Lecture Class	Cell Physiology	1 PM 2 PM	Dr. Dinesh Kumar
19/11/2016	Lecture Class	Endocrine System	2 PM.....3 PM	Dr. Manish Ranjan
	Lecture Class	Cell Physiology	1 PM 2 PM	Dr. Dinesh Kumar
20/11/2016	SUNDAY			
21/11/2016	STATE HOLIDAY			
22/11/2016	Lecture Class	Special senses	1 PM 2 PM	Dr. Anil Kumar
	Practical Class	Differential count WBC	2 PM 4 PM	All Teachers
23/11/2016	Lecture Class	GIT	11 AM 12 PM	Dr. A. K. L. Das,
	Lecture Class	Respiratory System	2 PM.....3 PM	Dr. Sujit Kumar
24/11/2016	Lecture Class	CVS	1 PM 2 PM	Dr. M. L. Gupta
	Practical Class	Differential count WBC	2 PM 4 PM	All Teachers
25/11/2016	Lecture Class	Endocrine System	3 PM.....4 PM	Dr. Sujit Kumar
26/11/2016	Lecture Class	Cell Physiology	1 PM 2 PM	Dr. Dinesh Kumar
	Lecture Class	Endocrine System	2 PM.....3 PM	Dr. Manish Ranjan
27/11/2016	SUNDAY			
28/11/2016	Lecture Class	CNS	1 PM 2 PM	Dr. Krishna Chauhan
	Demonstration		3 PM.....4 PM	All Teachers
29/11/2016	Lecture Class	Blood	1 PM 2 PM	Dr. Rita Kumari,

PROFORMA -C1

Teaching schedule actualization Report
POST GRADUATE

(To be submitted in clear and legible computer print only)

DEPARTMENT :PHYSIOLOGY
INSTITUTION :NALANDA MEDICAL COLLEGE & HOSPITAL,PATNA
MONTH & YEAR : NOVEMBER 2016
(For which the report is being sent)

REPORT PROPER

Important Note : The term 'classes', as and where where used hereunder, implies classes, Teaching Manouvers, Teaching Interventions and skill Development Interventions put together.

1. Total number of the classes*, that was schedule to be actualized in the aforesaid month of ...NOVEMBER 2016.....
(name of the month with year) : In digits : **21 Classes**
: In words : **Twenty-one classes**
2. Total hours of the classes* that were to be actualized in the aforesaid month of.....NOVEMBER 2016.....
(name of the month with year) : In digits : **42 Hours**
: In words : **Forty two hours**
3. Total number of the classes* that were actualized in the aforesaid month ofNOVEMBER 2016.....
(name of the month with year) : In digits : **18 Classes**
: In words : **Eighteen classes**
4. Total hours of classes* that were actualized in the aforesaid month ofNOVEMBER 2016.....
(name of the month with year) : In digits : **36 Hours**
: In words : **Thirty-six hours**
5. percentage of the classes* actualized with respect to the schedule in the aforesaid month of ...NOVEMBER 2016.....
(name of the month with year) : In digits : **85.70%**
: In words :
6. The deficit in percentage of the classes* with respect to the schedule in the aforesaid month of ...NOVEMBER 2016.....
(name of the month with year) : In digits : **14.30%**
: In words
7. Reason/s for the aforesaid deficit : **State Holidays**
(Mention clearly and unambiguously. Please donot skip or leave this column vacant/unfilled ,if applicable .Unclear/ambiguous statement or vacant /unfilled column would imply that the deficit remains unexplained)

Signature of the HOD WITH STAMP

Name in full

Date

Place

Krishna

(Mrs) Krishna Choudhary Sirohi

06-12-2016

:NMCR&H

PROFORMA -C2

Teaching schedule actualization Report
UNDER GRADUATE
(To be submitted in clear and legible computer print only)

DEPARTMENT : PHYSIOLOGY
INSTITUTION : NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA
MONTH & YEAR (For which the report is being sent) : NOVEMBER, 2016

REPORT PROPER

Important Note : The term 'class', as and where where used hereunder, implies classes, Teaching Manouvers, Teaching Interventions and skill Development Interventions put together.

1. Total number of the classes*, that was schedule to be actualized in the aforesaid month ofNOVEMBER...2016.....
(name of the month with year) : In digits : 42 classes
: In words : Forty two classes
2. Total hours of the classes* that were to be actualized in the aforesaid month ofNOVEMBER...2016.....
(name of the month with year) : In digits : 52 hours
: In words : Fifty two hours
3. Total number of the classes* that were actualized in the aforesaid month ofNOVEMBER...2016.....
(name of the month with year) : In digits : 31 classes
: In words : Thirty-one classes
4. Total hours of classes* that were actualized in the aforesaid month ofNOVEMBER...2016.....
(name of the month with year) : In digits : 39 hours
: In words : Thirty-nine hours
5. percentage of the classes* actualized with respect to the schedule in the aforesaid month of ...NOVEMBER...2016...
(name of the month with year) : In digits : 73.8 %
: In words :
6. The difcirt in percentage of the classes* with respect to the schedule in the aforesaid month of ...NOVEMBER...2016..
(name of the month with year) : In digits : 26.2 %
: In words :
7. Reason/s for the aforesaid deficit : Mass Absenteeism due to Diwaali & Chhat Puja
(Mention clearly and unambigously. Please donot skip or leave this column vacant/unfilled, if applicable. Unclear/ambiguous statement or vacant /unfilled column would imply that the deficit remains unexplained)

Signature of the HOD WITH STAMP

Name in full :

Keshava
Dr (Mrs) Kishna Chandury

Date :

01-12-2016

Place

N M C & H, Patna

Sriva